

107TH CONGRESS
2D SESSION

S. 1990

To establish a public education and awareness program relating to emergency contraception.

IN THE SENATE OF THE UNITED STATES

MARCH 6, 2002

Mrs. MURRAY (for herself, Mrs. BOXER, Ms. CANTWELL, and Mr. CORZINE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a public education and awareness program relating to emergency contraception.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Emergency Contracep-
5 tion Education Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) each year, 3,000,000 pregnancies, or one
9 half of all pregnancies, in the United States are un-

1 intended, and half of all of these unintended preg-
2 nancies end in abortion;

3 (2) the Food and Drug Administration has de-
4 clared emergency contraception to be safe and effec-
5 tive in preventing unintended pregnancy, reducing
6 the risk by as much as 89 percent;

7 (3) the most commonly used forms of emer-
8 gency contraception are regimens of ordinary birth
9 control pills taken within 72 hours of unprotected
10 intercourse or contraceptive failure;

11 (4) emergency contraception, also known as
12 post-coital contraception, is a responsible means of
13 preventing pregnancy that works like other hormonal
14 contraception to delay ovulation, prevent fertilization
15 or prevent implantation;

16 (5) emergency contraception does not cause
17 abortion and will not affect an established preg-
18 nancy;

19 (6) it is estimated that the use of emergency
20 contraception could cut the number of unintended
21 pregnancies in half, thereby reducing the need for
22 abortion;

23 (7) emergency contraceptive use in the United
24 States remains low, and 9 in 10 women of reproduc-
25 tive age remain unaware of the method;

1 (8) although the American College of Obstetri-
2 cians and Gynecologists recommends that doctors
3 routinely offer women of reproductive age a prescrip-
4 tion for emergency contraceptive pills during their
5 annual visit, only 1 in 5 ob/gyns routinely discuss
6 emergency contraception with their patients, sug-
7 gesting the need for greater provider and patient
8 education;

9 (9) in light of their safety and efficacy, both the
10 American Medical Association and the American
11 College of Obstetricians and Gynecologists have en-
12 dorsed more widespread availability of emergency
13 contraceptive pills, and have recommended that dedi-
14 cated emergency contraceptive products be available
15 without a prescription;

16 (10) Healthy People 2010, published by the Of-
17 fice of the Surgeon General, establishes a 10-year
18 national public health goal of increasing the propor-
19 tion of health care providers who provide emergency
20 contraception to their patients; and

21 (11) public awareness campaigns targeting
22 women and health care providers will help remove
23 many of the barriers to emergency contraception and
24 will help bring this important means of pregnancy
25 prevention to American women.

1 **SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND IN-**
 2 **FORMATION PROGRAMS.**

3 (a) DEFINITIONS.—In this section:

4 (1) EMERGENCY CONTRACEPTION.—The term
 5 “emergency contraception” means a drug or device
 6 (as the terms are defined in section 201 of the Fed-
 7 eral Food, Drug, and Cosmetic Act (21 U.S.C. 321))
 8 that is—

9 (A) used after sexual relations; and

10 (B) prevents pregnancy, by preventing ovu-
 11 lation, fertilization of an egg, or implantation of
 12 an egg in a uterus.

13 (2) HEALTH CARE PROVIDER.—The term
 14 “health care provider” means an individual who is li-
 15 censed or certified under State law to provide health
 16 care services and who is operating within the scope
 17 of such license.

18 (3) INSTITUTION OF HIGHER EDUCATION.—The
 19 term “institution of higher education” has the same
 20 meaning given such term in section 1201(a) of the
 21 Higher Education Act of 1965 (20 U.S.C. 1141(a)).

22 (4) SECRETARY.—The term “Secretary” means
 23 the Secretary of Health and Human Services.

24 (b) EMERGENCY CONTRACEPTION PUBLIC EDU-
 25 CATION PROGRAM.—

1 (1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall develop and dissemi-
4 nate to the public information on emergency contra-
5 ception.

6 (2) DISSEMINATION.—The Secretary may dis-
7 seminate information under paragraph (1) directly
8 or through arrangements with nonprofit organiza-
9 tions, consumer groups, institutions of higher edu-
10 cation, Federal, State, or local agencies, clinics and
11 the media.

12 (3) INFORMATION.—The information dissemi-
13 nated under paragraph (1) shall include, at a min-
14 imum, a description of emergency contraception, and
15 an explanation of the use, safety, efficacy, and avail-
16 ability of such contraception.

17 (c) EMERGENCY CONTRACEPTION INFORMATION
18 PROGRAM FOR HEALTH CARE PROVIDERS.—

19 (1) IN GENERAL.—The Secretary, acting
20 through the Administrator of the Health Resources
21 and Services Administration and in consultation
22 with major medical and public health organizations,
23 shall develop and disseminate to health care pro-
24 viders information on emergency contraception.

1 (2) INFORMATION.—The information dissemi-
2 nated under paragraph (1) shall include, at a
3 minimum—

4 (A) information describing the use, safety,
5 efficacy and availability of emergency contra-
6 ception;

7 (B) a recommendation regarding the use of
8 such contraception in appropriate cases; and

9 (C) information explaining how to obtain
10 copies of the information developed under sub-
11 section (b), for distribution to the patients of
12 the providers.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated to carry out this section,
15 \$10,000,000 for each of fiscal years 2003 through 2007.

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